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# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number	09/729,557
Filing Date	December 04, 2000
First Named Inventor	Szul, et al.
Group Art Unit	1713
Examiner Name	Harlan, Robert D.
Attorney Docket Number	2000U044.US

Total Number of Pages in This Submission **3**

## ENCLOSURES (check all that apply)

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Fee Transmittal Form   | <input type="checkbox"/> Assignment Papers (for an Application)                         | <input type="checkbox"/> After Allowance Communication to Group                            |
| <input checked="" type="checkbox"/> Preliminary Amendment / Response Office Action dated 04/01/2002 | <input type="checkbox"/> Drawing(s)   | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences        |
| <input type="checkbox"/> After Final  | <input type="checkbox"/> Licensing-related Papers                                       | <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> Affidavits/declaration(s)  | <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition    | <input type="checkbox"/> Proprietary Information   |
| <input checked="" type="checkbox"/> Extension of Time Request 4 months                              | <input type="checkbox"/> To Convert a Provisional Application                           | <input type="checkbox"/> Status Letter   |
| <input type="checkbox"/> Express Abandonment Request  | <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address | <input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below):       |
| <input type="checkbox"/> Information Disclosure Statement   | <input type="checkbox"/> Terminal Disclaimer  | <u>Return Postcard</u>   |
| <input type="checkbox"/> Certified Copy of Priority Documents)                                      | <input type="checkbox"/> Request for Refund   |  |
| <input type="checkbox"/> Response to Missing Part/ Incomplete Application                           |   |  |
| <input type="checkbox"/> Response to Missing Parts  |   |  |

## REMARKS

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Or Individual name	Osborne K. McKinney	Registration No.	40,084
Signature			
Date	September 3, 2002		

## CERTIFICATE OF MAILING

I hereby certify having information and a reasonable basis for belief that this correspondence will be deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, Washington, D.C. 20231 on this date:

**September 3, 2002**

Typed or printed name	Osborne K. McKinney	Date	September 3, 2002
Signature			

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